

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Patrick Long Mailing Address 6201 Riviera Lane City State Zip Code New Port Richey FL 34655 FEC ID number of contributing federal political committee. C Name of Employer Regional Medical Center Bayonet Point Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: SA11A1.12139 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Mark Marsh Mailing Address 910 Montclair Drive City State Zip Code Bowling Green KY 42103 FEC ID number of contributing federal political committee. C Name of Employer Greenview Regional Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: SA11A1.12119 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Michael Mayo Mailing Address 7996 Pine Lake Rd City State Zip Code Jacksonville FL 32256 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Jacksonville Occupation Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: SA11A1.12204 Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)